This is used to request a Quote / Contract regarding the Certification according to Q-GACP standard; it is filled in by the Organization / Company Representative. Page 3 includes instructions on how to send it back to Q-CERT.

|  |
| --- |
| **The application submitted is for: a)  Initial, b)  Extension of scope, c)  Extension of facilities,**  **d)  Recertification audit** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **ORGANIZATION – COMMUNICATION INFORMATION** | | | | | | | | | |
| **Organization Name** | |  | | | | | | | |
| **Address** *(site address to be audited)* | |  | | **Postcode** | | | |  | |
| **Region/** **Country** | | | |  | |
| **Legal Form** | |  | | **VAT / GST Number** | | | |  | |
| **Telephone** | |  | | **Tax Office** | | | |  | |
| **Fax** | |  | | **E-mail** | | | |  | |
| **Consultant** *(if applicable)* | |  | | **Website Address** | | | |  | |
| **GPS data: Latitude** | |  | | **GPS data: Longitude** | | | |  | |
| **Organization representative** | | | | | | | | | |
| **Full Name** |  | | | **Position** | |  | | | |
| **Telephone** |  | | | **E-mail** | |  | | | |
| **Head Office Details** *(if applicable)* | | | | | | | | | |
| **Head Office Name** | | |  | | | | | | |
| **Address** | | |  | **Postcode** | | |  | | |
| **Region/** **Country** | | |  | | |
| **Telephone** | | |  | **E-mail** | | |  | | |
| **Fax** | | |  | **Website Address** | | |  | | |
| **Contact Person** *(for Head Office)* | | |  | **Position** | | |  | | |
|  | | | | | | | | | |
| 1. **SCOPE DESCRIPTION** | | | | |  | | | | |
| **Scope of activities**  (Please refer to the scope categories including post-harvest processes where applicable) | | | | | | | | | Audit Type (Certification, Recertification, Extension) |
| Cultivation of medical cannabis | | | | | | | | | ... |
| Harvesting of medical cannabis | | | | | | | | | ... |
| Trimming of medical cannabis | | | | | | | | | ... |
| Drying of medical cannabis | | | | | | | | | ... |
| Curing of medical cannabis | | | | | | | | | ... |
| Primary and secondary packaging of medical cannabis | | | | | | | | | ... |
| Distribution of medical cannabis | | | | | | | | | ... |
| Other *(please describe)*: | | | | | | | | | ... |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **SITE DETAILS** | | | | | | | |
| **Other Standard Implemented/Certified** |  | | | **Is your Management System Integrated?** | | |  |
| **Details of any significant changes since your last GACP audit (for recertification/extension audits) e.g.,** *changes of key personnel; new technologies; extension or reduction in equipment/facilities* | |  | | | | | |
| **Processes outsourced to Subcontractors**  *(if applicable)* | |  | | | | | |
| **Propagation material** | | Seeds | | | Clones | | |
| **Type of cultivation** | | Soil | Substrate | | Hydroponic | Aeroponic | |
| **Crops per year** *(number of yields in a 12-month period per greenhouse and/or cultivation room)* | |  | | | | | |
| **Harvesting period** *(s*pecify the months during which you conduct harvesting) | |  | | | | | |
| **Number of employees** | | Full time: | | | Part time: | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Cultivation sites / Check the box if the site address is the same as in Paragraph 1:  (Area size and type should be completed)** | | | | | | | | |
|  | **Site Address**  (only sites which are part of the Certification scope) | | **Area size**  (m2) | **Type of Cultivation** | | | | |
|  |  | |  | Greenhouse  Indoors | | | | |
|  |  | |  | Greenhouse  Indoors | | | | |
|  |  | |  | Greenhouse  Indoors | | | | |
|  |  | |  | Greenhouse  Indoors | | | | |
|  | **Cultivation of mother plants** | |  |  | | | | |
|  |  | |  | Greenhouse  Indoors | | | | |
| ­Comments: | | | | | | | | |
|  | | | | | | | | |
| 1. **Post-harvest ACTIVITIES SITES / Check the box if the site address is the same as in Paragraph 1:**   **(Area size and type should be completed)** | | | | | | | |  |
|  | | **Site Address**  (Only sites for processes which are part of the Certification scope) | | | **Area size**  (m2) | **Type of post-harvest processes** | |  |
| **1.** | |  | | |  |  |  |  |
| **2.** | |  | | |  |  |  |  |
| **3.** | |  | | |  |  |  |  |
| **4.** | |  | | |  |  |  |  |
| **5.** | |  | | |  |  |  |  |
| Comments: | | | | | | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Audit OPTIONS | | | |
| * 1. Communication and documentation | | | |
| The main communication and documentation language of the management system is in: | | | |
| Communication Language: | English | Other language: | |
| Documentation Language: | English | Other language: | Bilingual (including English) |
| * 1. Remote audits option | | | |
| I  accept /  do not accept (1) a remote audit for Stage I (applicable to initial certification audits only) | | | |
| I  accept /  do not accept a remote audit for the Surveillance audits (applicable to initial and recertification audits) | | | |
| (1) As Stage I is considered a preliminary documentation audit, it is recommended to take place remotely and at least 2 to 3 weeks before Stage II, so any concerns about possible non-conformances could be addressed in time. | | | |
| 1. PERSONAL DATA PROTECTION | | | |

**By signing this Application**, Customer is committed to have acquired consent from the subjects of any personal data to be used in the context of the control / certification service (including sending offer, signing contract, audit planning / conducting, alerts)

***Optionally***, by ticking the following checkbox, Customer is committed to have acquired consent from the subjects of any personal data to be used:

For receiving on behalf of the Customer any marketing emails regarding new services and certifications

|  |  |  |
| --- | --- | --- |
| ... |  | ... |
| **Representative Name** | **Signature** | **Date of Application** |

**Guidelines / Notes**:

* This form should be filled in and send via email to [offers@qmscert.com](mailto:sales@qmscert.com)
* Submitting accurate and complete information facilitates and thus accelerates the delivery of our quotation.
* You may use additional documents / pages if needed.
* In case of a Transfer from other Certification Body, please contact our offices, at: **+30 2310 443041**, **+30 2310 535765**
* You may find additional information regarding the Certification Procedures and Audit Information & Expectations on our website: [www.qmscert.com](http://www.qmscert.com/en)

Q-CERT will process all personal data that it collects during the audit in accordance with the relevant laws / regulations for the purposes stated above. In particular, it will maintain a record that is available to the customer, with a duration as defined by the relevant legislation / regulation. At the end of the scheduled duration of the record, is committed to destroy it in accordance with the applicable provisions. Subjects retain their right to withdraw their consent at any time, by sending a request at [privacy@qmscert.com](mailto:privacy@qmscert.com). Additional information on Personal Data Protection is available on website [www.qmscert.com](http://www.qmscert.com)